

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

37582

National Office of Vital Statistics

FILED DEC 1 1948

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 323

1. PLACE OF DEATH:

(a) County Pettis
 (b) City or town Sedalia
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
206 W. 7th
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 45 years
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME

GEORGIANA HURLBUT

3. (b) If veteran,

name war.

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William E Hurlbut 6. (c) Age of husband or wife if alive 86 years
 7. Birth date of deceased March 30 1866
 (Month) (Day) (Year)

8. AGE: Years 82 Months 7 Days 13 If less than one day hr. min.

9. Birthplace Dubuque Iowa
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name George Washington Waldron

13. Birthplace New York
 (City, town, or county) (State or foreign country)

14. Maiden name Susan Maria Woolnough

15. Birthplace England
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr W. E. Hurlbut

(b) Address 206 W. 7th. Sedalia Mo.

17. (a) Burial (b) Date thereof 11-15-48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director M. Laughlin Bros

(b) Address Sedalia Mo.

19. (a) 11-15-48 (b) Betty Yeager
 (Date received local registrar) (Registrar's signature)

20. (a) 25 (b) Deputy
 (Date received local registrar) (Registrar's signature)

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
 (c) City or town Sedalia
 (If outside city or town limits, write "RURAL")
 (d) Street No. 206 W. 7th St.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13
 year 1948 hour 3:30 minute P. M.

21. I hereby certify that I attended the deceased from May 48
46 Nov/3 to 19
 that I last saw him alive on Nov 13, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death

Ch. Myocarditis

Arterio Sclerosis

Due to

Due to

Due to

Due to

Due to

Other condition Fracture Hip
 (Include pregnancy within 3 months of death)

May 1946

Major findings:

Of operations

Of autopsy

Of autopsy

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. J. B. Seaton (M. D. or other)

Address Sedalia Mo Date signed 11/19/48

PHYSICIAN

Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-29-48

JUL 9 1953

JUL 9

FEB 15 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

K.P.M. Enary

Licensed Embalmer No. 83153

P. O. Address Adalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.